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CONFIRMATION NO. 4403

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|--|---|-----------------------------------|---|---------------------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/098,513   | <b>FILING OR 371(c) DATE</b><br>03/18/2002<br><b>RULE</b>   | <b>CLASS</b><br>709               | <b>GROUP ART UNIT</b><br>2142   | <b>ATTORNEY DOCKET NO.</b><br>3682-23 |                                |
| <b>APPLICANTS</b><br>Anders Krantz, Gavle, SWEDEN; BAA<br>Rolf Bjallas, Jarfalla, SWEDEN;  |   |                                   |   |                                       |                                |
| <b>** CONTINUING DATA *****</b>  |   |                                   |   |                                       |                                |
| <b>** FOREIGN APPLICATIONS *****</b><br>SWEDEN 0102329-0 06/28/2001 BAA  |   |                                   |   |                                       |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 04/11/2002</b>   |   |                                   |   |                                       |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and Allowance <u>BAA</u><br>Acknowledged Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>SWEDEN | <b>SHEETS DRAWING</b><br>10   | <b>TOTAL CLAIMS</b><br>17             | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>23117  |   |                                   |   |                                       |                                |
| <b>TITLE</b><br>Control system for achieving quality ensured competence development  |   |                                   |   |                                       |                                |
| <b>FILING FEE RECEIVED</b><br>550  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                       |                                |